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AA/1761

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Cupp et al.
Appl. No.: 10/037,941
Conf. No.: 7917
Filed: January 3, 2002
Title: DENTAL DIET REDUCING TARTAR
Art Unit: 1761
Examiner: K. Hendricks
Docket No.: 115808-330

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



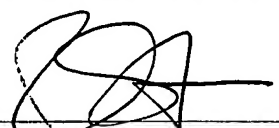
AMENDMENT

Sir:

In response to the Office Action dated April 2, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

| | | | | | | |
|---|---------------------------------------|---------------------------------|--------------------------------|-------------------------------|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | | Docket No. 115808-330 | |
| Applicant(s): Cupp et al. | | | | | | |
| Application No. 10/037,941 | Filing Date January 3, 2002 | Examiner K. Hendricks | Customer No. 29157 | Group Art Unit 1761 | Confirmation No. 7917 | |
| Invention: DIETAL DIET REDUCING TARTAR | | | | | | |
|  COMMISSIONER FOR PATENTS: | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 33 - | 33 = | 0 x | \$18.00 | \$0.00 | |
| INDEP. CLAIMS | 9 - | 9 = | 0 x | \$86.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
| <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;">  _____ <i>Signature</i> </div> </div> <div style="margin-top: 10px;"> Robert M. Barrett Reg. No. 30,142 BELL, BOYD & LLOYD LLC P.O. Box 1135 Chicago, IL 60690-1135 Phone: 312-807-4204 </div> <div style="margin-top: 20px; text-align: right;"> Dated: July 2, 2004 </div> | | | | | | |
| <div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on 07-02-2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ <i>Signature of Person Mailing Correspondence</i> <div style="text-align: center;">Renee Street</div> <div style="text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></div> </div> | | | | | | |
| CC: | | | | | | |